	PATER	IT APPLICA' Effe	TION FEI	E DETERN Sember 8, 1	AIN A 2004	ATION REC	OR	D	10	-	0	74,	7:	30
CLAIMS AS FILED - PART ((Column 1) (Column 2)									LENT	_			HER T	
F	OTAL CLAI	MS ·		COMMITTEE STATE OF THE STATE OF			7	TYPE]	_O	R SM	ITT EI	VIIIY
F	OR		NUME	ER FILED	. NU	MBER EXTRA	1	RAT	- - -	FEE	-	FAT		FEE
T	TOTAL CHARGEABLE CLAIMS			minus 20=		- CALLER LAND	BASIC FEE			50.00		BASIC	FEE 3	00.00
N	INDEPENDENT CLAIMS			minus 3 =			-	X\$ 2	5=		OR))=	
MULTIPLE DEPENDENT CLAIM PR			PRESENT				-	. X100)3		OF	X200	=	
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TOTAL OP											_ _			
1-25-07 (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												AN		
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1,	24, 26, 3	,	+180=	1-		ОЯ								
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171:		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	A SLY	PRESENT EXTRA		RATE	TION	IAL,		PATE	TIO	DI- NAL
<u>ן</u>	lotal .	•	Minus	• •		2		X\$ 25±	1			X\$50=	 E	Œ.
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= OR X200=													_	
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To	rtel	AMENDMENT	Minus	PAID FOR			-	-	FEE		L	RATE	TION	
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f the	entry in colum B "Highest Num	in t is less than the	entry in colu	mn 2, wite 10° i	n colu	inn 3.	<u> </u>	180a		OF		360= TOTAL		
The	Highest Num	nber Previously Paid per Previously Paid	d For IN THIS For (Total or	S SPACE is less Independent) is	s than	ghest number &	400		ropriate	poor iu Ol	AD cotum	DIT. FEE	•	4